

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-575)

SERIAL NO.

07509438

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12		2		1			62						
13		2		1			63						
14		2		1			64						
15		2		1			65						
16		2		1			66						
17		2		1			67						
18		2		1			68						
19		2		1			69						
20		2		1			70						
21		2		1			71						
22		2		1			72						
23		2		1			73						
24		2		1			74						
25		2		1			75						
26		2		1			76						
27		2		1			77						
28		2		1			78						
29		2		1			79						
30		2		1			80						
31		2		1			81						
32		2		1			82						
33		2		1			83						
34		2		1			84						
35		2		1			85						
36		2		1			86						
37		2		1			87						
38		2		1			88						
39		2		1			89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		1	1				TOTAL IND.						
TOTAL DEP.		37					TOTAL DEP.						
TOTAL CLAIMS		38					TOTAL CLAIMS						